FORM B10 (Official Form 10)		9004649
UNITED STATES BANKRUPTCY COURT		LE PRODEFOLOLAIM
NORTHERN DISTRICT OF ILLINOIS	, EASTERN DIVISION	seres Chanteriuliss
In Ke Kmarf Corporation of all	02.0219300000000000000000000000000000000000	Your claim is scheduled as follow
Name of Debtor: (see attached for complete list of debtors)	Case Number:	Class
Kmart Corporation	02-02474	•
NOTE: Finis form woold not be used to make relating for an adaptive into	a expense are me alter the commencement of the commencement of the commencement of the	Amount
Name of Creditor (The person or other entity to whom the debtor owes money	Check box if you are aware that	
orproperty): Jose M. Lorie-Velasco	anyone else has filed a proof of claim relating to your claim. Attach copy	\$1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
C/O Jose F. Quetglas Jordan, Esq.	of statement giving particulars. A Check box if you have never received	
PO Box 16606	any notices from the bankruptcy court in this case.	
San Juan, PR 00908-6606	Check box if the address differs from the address on the envelope sent to	
	you by the court.	
M. N. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		5.4
If address differs from above, please complete the following: Creditor Name:	Telephone: #(787) 722-0635	
Address:	•	This Space is for Court Use Only
City/St/Zip:		
Account or other number by which creditor identifies debtor:	Check here if Dreplaces this claim Damends a previously	filed claim, dated
1. Basis for Claim	Retiree benefits as defined in 11 U.S.C. §1	
Goods sold Services performed	☐ Wages, salaries, and compensation (fill out Your SS #:	-
☐ Money loaned ☐ Personal injury/wrongful death	Unpaid compensation for services performs from to	xd '
☐ Taxes	(date) (date)	
2. Date debt was incurred:	3. If court judgment, date obtained:	
February 8, 1998 4. Total Amount of Claim at Time Case Filed: \$ 12,000,000 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional		
charges. 5. Secured Claim.	6. Unsecured Priority Claim.	
☐ Check this box if your claim is secured by collateral (including a right of setoff).	Check this box if you have an unsecured priority claim. Amount entitled to priority \$	
Brief Description of Collateral: C Real Estate	Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,650), earned within 90 days before filing	
Other	of the bankruptcy petition or cessation of the debtor's business, whichever is earlier	
Value of Collateral: \$	11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan – i	
	☐ Up to \$ 2,100 of deposits toward purchase, le personal, family, or household use - 11 U.S.C	
	☐ Alimony, maintenance, or support owed to a : U.S.C. § 507(a)(7).	spouse, former spouse, or child - 11
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Taxes or penalties owed to governmental unit ☐ Other – Specify applicable paragraph of 11 U	
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7. Credits: The amount of all payments on this claim has been credited and of	leducted for the purpose of making this proof of	This Space is for Court Use Only
claim. 8. Supporting Documents: Attach copies of supporting documents, such a		
itemized statements of running accounts, contracts, court judgments, more perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the		RECEIVED
documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your cl	aim, enclose a stamped, self-addressed envelope	JUL 23 2002
and copy of this proof of claim.	1	7/23/02
Date Sign and print the name and title, if any, of the creditor or or copy of normal of allorney, if any):	ther person authorized to file this claim (attach	RUMBULL SERVICES COMPANY
7/18/	- . Quetglas Jordan	30690 UG
Penalty for presenting fraudulent claim: Fine of up to \$500,00		S.C. §§ 152 and 3571.